BEDSIDE MEDICINE FOR BEDSIDE DOCTORS

An open forum for brief discussions of the workaday problems of the bedside doctor. Suggestions for subjects for discussion invited.

PRESENT STATUS OF THYROID SURGERY

A. B. Cooke, Los Angeles.—Some startling statistics showing a general increase in surgical mortality rates during recent years were given in the address of the chairman of the section on general surgery of the California Medical Association at the 1928 Sacramento session. Thyroid surgery headed the list.

"The mortality rate attending goiter operations has increased 250 per cent in the past two decades."

Two hundred and fifty per cent! Can it be true? At first glance one is inclined to reject the statement as impossible. But a little reflection will change this attitude. Prior to twenty years ago goiter surgery was done almost exclusively by a very few expert operators who had gradually reduced the mortality rate to approximately 5 per cent. In their hands the decrease has steadily continued until now it does not exceed 1 per cent. At the present time, however, this class of work is undertaken by practically everyone who calls himself surgeon. And the number is legion. Result: the five per cent rate of two decades ago has become twelve and one-half per cent—or more!

From this point of view the present status of thyroid surgery is certainly most deplorable. And the perfectly obvious remedy may not even be intimated without unloosing a flood of criticism and reproach upon the intimater's head. One thing at least may be said by way of warning, that if the profession itself does not find the remedy and apply it, it is inevitable that it will sooner or later be called upon to face conditions and restrictions little to its liking. Such a state of affairs is intolerable and cannot be hidden indefinitely.

In happy contrast to the foregoing it may be said that the present status of thyroid surgery from the scientific standpoint is all that could be desired. While, technically, operations upon the thyroid gland are as delicate, difficult, and dangerous as any known to surgery, they have been perfected and standardized to such a degree that in skilled hands they seldom give rise to real concern. It is not the operation itself which is responsible for the occasional disaster, but the condition of the patient upon whom it is performed. Proper study of the patient as well as the goiter, careful evaluation of symptoms, thorough unhurried preparation—in a word, surgical judgment—these are the factors of safety and success.

Today it has come to be generally accepted that surgery offers more to the goiter patient than all other methods of treatment combined. No one disputes that the ubiquitous and much abused iodin is a valuable remedy when employed with full realization of its limitations and with the knowledge ever present that it is as potent for harm as for good. And no one denies that benefit may be expected from radiation therapy in properly selected cases. But for prompt and permanently curative results it is conceded that surgery is the method of treatment *par excellence.*

* * *

H. H. Searls, San Francisco.—Doctor Cooke's comment on the increasing mortality rate in goiter surgery is a warning which should be heeded by the medical profession as a whole. To the surgeon who only occasionally is called upon to remove a goiter, the operation is filled with difficulties. Unfortunately he is apt to be handicapped by inexperienced assistants. Thus the occasional operator is placed at a disadvantage before he starts by lack of teamwork, and there are few operations in surgery where a well-trained team can prove of more value to the surgeon than in partial thyroidectomy. The operation, instead of being a common and routine procedure carried through in a standardized way by a team familiar with each step, is filled with embarrassing situations such as repeated profuse hemorrhages, recurrent nerve injuries, etc.

Further, in a well-established goiter clinic, important pre- and postoperative care being familiar to all who come in contact with the patient, proceeds on its standardized course, planned to the last detail for safety and comfort.

* * *

Charles E. Phillips, Los Angeles.—This subject presents a triple challenge to the doctor: first, his knowledge; second, his skill; and finally, his honesty.

The science of thyroid surgery has made wonderful advance during the past twenty years, not only in the diagnosis and management of these cases, but also in the mortality attending this difficult operation. In the better institutions, and among the better surgeons, the mortality rate has been reduced to a fraction of what it was two decades ago. The average mortality rate, however, has increased to a startling degree. The answer is not hard to find. Where one was doing thyroid surgery twenty years ago, two hundred and fifty are doing it today. The mortality has kept pace with the numbers.

There is no lack of knowledge, and the doctor of today is better trained than formerly. The primary cause is lack of honesty. The doctor is ashamed to admit his unfitness for this work, or is enticed by the fee. It comes back in either case to a question of honesty.

This is no reflection on medicine. How long would a bank or a business house survive if no accounts were kept of the profits and losses? All honor to the members of the regular medical profession who have worked unceasingly and unselfishly for the best interests of the patient. This character of work has been responsible for enormous advances in the science and art of medicine.

The fact that there has been no accounting for results has led the careless and unscrupulous to take advantage of a people who have no way of differentiating the competent from the incompetent.

The remedy is: That the doctor's record of *training, experience,* and results be open to the prospective patient, or interested relatives. We require such safeguards to be placed about our financial institutions that people may not be swindled out of their money. Since when has human life become so cheap that no record need be kept of results?

* * *

Clarence G. Toland and William P. Kroger, Los Angeles.—Few of the many problems that have confronted the surgeon in the past twenty years have received as much consideration as the treatment of thyroid pathology.

The management of the cases as well as the operative technique have been developed to such a degree that at the present time the operation has become relatively safe. In experienced hands the mortality is about one per cent. Fortunately the vast majority of goiter cases are operated upon by the specialist.

The value of iodin in the preoperative preparation of the thyrotoxic cases cannot be too greatly stressed, and in the very toxic cases it should be administered liberally. Sixty to eighty minims of Lugol's solution a day may be given.

In many cases of toxic adenoma iodin is of definite value, but these should only be treated in a hospital, where they can be closely observed.

Iodin is also given postoperatively both by rectum and by mouth when a toxic reaction is anticipated.

Digitalis is only of definite benefit when there is a markedly damaged myocardium with auricular fibrillation and decompensation.

The basal metabolic rate should be taken in all cases of goiter. If properly taken it not only accurately indicates the degree of toxicity in hyperthyroidism, but frequently reveals an unsuspected hypothyroid condition. The latter can then be treated with thyroid extract before operation.

All cases should be metabolized six months after operation; or earlier if toxic or hypothyroid symptoms are suspected. Not infrequently in exophthalmic goiter, a more or less transient postoperative hypothyroidism develops; usually during the first two months after operation. This is more often observed in male patients. The condition can readily be controlled by thyroid extract.

The operative technique of the present day has been so perfected and standardized that practically all surgeons use the same method, with perhaps some individual minor variations. Some have discontinued the use of drainage as routine in thyroidectomy, but there is little to be gained by this and often a surprising amount of serosanguineous fluid will exude from a small Penrose drain.

The excised goiter specimens are carefully examined at the time of operation for parathyroid glands. If any are discovered they are implanted into the depths of the wound.

Skin clips for skin closure produce the best type of scar. Desiccated turtle bile dusted over the incision has been advocated for producing a thin scar, but it is of little value.

The end-results in thyroid surgery are exceptionally good, and particularly is this true in cases where the duration of the toxicity has not been sufficiently long to produce permanent cardiac damage.

In hyperthyroid cases 90 to 95 per cent have complete relief of symptoms at the end of a year.

Influenza "Preventives" and "Cures" Are Fraudulent, Federal Drug Official Warns.—"It is the intention of the Food, Drug, and Insecticide Administration to take immediate action under the Food and Drugs Act against all preparations represented by label or by circular accompanying the package as preventives or treatments of influenza, la grippe, pneumonia, and related diseases," W. G. Campbell, Director of Regulatory Work of the United States Department of Agriculture, said today.

"There is a widespread and probably a fully justified public apprehension about influenza, and some manufacturers have not hesitated to take advantage of this situation by advertising their preparations in every available quarter as preventives or cures for the disease. Unfortunately the Food and Drugs Act does not reach false advertising statements appearing in the press, or in any advertising medium not included with the package of the preparation itself. The food and drug enforcing authorities are therefore powerless to check such misleading advertising, serious as the consequences may be in the case of those that are led to depend on such ineffective products and neglect the hygienic precautions recommended by public health authorities, such as isolation, rest, sleep, diet, and proper ventilation.

"It is a fact generally accepted by medical authorities, based on world-wide medical experience," added Mr. Campbell, "that there is no known drug or combination of drugs which will prevent or cure influenza. Products labeled as effective for this purpose will unhesitatingly be classed as misbranded within the meaning of the Food and Drugs Act and treated accordingly.

"It may not be amiss to add," said Mr. Campbell, "that manufacturers are usually cautious about putting unwarranted claims upon the labels of their products, knowing that they render themselves liable under the Food and Drugs Act, and those who are inclined to take advertising claims at face value will frequently find that the labels themselves, or the circulars accompanying the packages of the drugs, do not repeat these claims."—*The Journal of the Arkansas Medical Society,* February 1929.